

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395585	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/19/2024
NAME OF PROVIDER OR SUPPLIER Transitions Healthcare North Huntingdon		STREET ADDRESS, CITY, STATE, ZIP CODE 8850 Barnes Lake Road North Huntingdon, PA 15642	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0919</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Make sure that a working call system is available in each resident's bathroom and bathing area.</p> <p>39311</p> <p>Based on observations and staff interview it was determined that the facility failed to maintain call light equipment for five of seven residents (Resident R1, R2, R3, R4, and R5).</p> <p>Findings include:</p> <p>During an observation on 5/19/24, at 2:24 p.m. the lights above the room doors for Resident R1/R2's room, Resident R3's room, Resident R6/R7's room were noted to be illuminated.</p> <p>During an observation on 5/19/24, at 2:25 p.m. revealed the nurses station call light monitoring panel only showed Resident R6/R7's room to be alarming. The lights were still noted to be illuminated over the doors at this time.</p> <p>During an interview on 5/19/24, at 2:25 p.m. Nurse Aide (NA) Employee E1, when asked why the lights were not illuminated on the monitoring panel, stated, That doesn't work.</p> <p>During an interview on 5/19/24, at 2:27 p.m. NA Employee E2, when asked why the lights were not illuminated on the monitor, gestured to the call light monitoring panel stated, It's hit or miss if it works.</p> <p>During an observation on 5/19/24, at 2:33 p.m. the light above the room doors for Resident R4/R5's room was noted to be illuminated.</p> <p>During an observation on 5/19/24, at 2:34 p.m. revealed the nurses station call light monitoring panel did not show any rooms to be alarming. The light was still noted to be illuminated over the door at this time.</p> <p>During an interview on 5/19/24, at 2:40 p.m. the Director of Nursing confirmed that the facility failed to maintain call light equipment for five of seven residents.</p> <p>28 Pa. Code: 205.67(k) Electric Requirements for Existing Construction.</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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